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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/663,562 Filing Date 09/16/2003				To be Mailed	
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
	FOR	N	JMBER FI	.ED N	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A]	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		N/A			N/A		
TO (37	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *				x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings exceed sheets of paper, the application size fee is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof, 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))]]			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OR									OTHER THAN SMALL ENTITY			
AMENDMENT	10/04/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	• 29	Minus	58	= 0]	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 1	Minus	3	= 0]	x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))								_			
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,18(i))		Minus		=]	x \$ =		OR	x s =		
	Independent (37 CFR 1.16(h))	*	Minus	***]	x \$ =		OR	x s =		
	Application Size Fee (37 CFR 1.16(s))					1			1			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 1	If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Mumber Perviously Paid For IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "2". Fennell A. Pearlie The "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "3". Fennell A. Pearlie The "Highest Number Perviously Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in following process) an application Confidentiality is operand by 38 US 6.2. 22 and 37 CFR 1.4. This collection is estimated to the 82 trainware to complete, encluding pathening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.